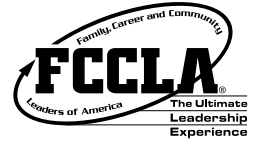




## Five Unit Recognition Application



Use this form to apply for state and national recognition when you have completed all five Power of One Units. Please print or type all information. Send one copy of this form to the **STATE ADVISOR** by your state's deadline. To each form, attach a copy of the chapter affiliation form to verify membership.

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National dues must be **postmarked by March 1** for students to qualify for national recognition.

Send this form with membership verification postmarked by March 1 to:

Missouri FCCLA  
Department of Elementary and Secondary Education  
PO Box 480  
Jefferson City, MO 65102

### Participant Information

Member \_\_\_\_\_

Adviser \_\_\_\_\_

School name \_\_\_\_\_

School address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School phone \_\_\_\_\_ Fax \_\_\_\_\_

Current grade in school \_\_\_\_\_ E-mail \_\_\_\_\_

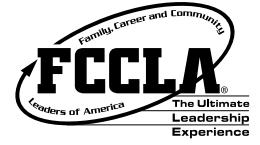
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Unit: **A Better You**

Project Title \_\_\_\_\_ Date approved \_\_\_\_\_

Description and accomplishments:





Unit: **Family Ties**

Project Title \_\_\_\_\_ Date approved \_\_\_\_\_

Description and accomplishments:

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Unit: **Working on Working**

Project Title \_\_\_\_\_ Date approved \_\_\_\_\_

Description and accomplishments:

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Unit: **Take the Lead**

Project Title

Project Title \_\_\_\_\_ Date approved \_\_\_\_\_

Description and accomplishments:

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Unit: **Speak Out for FCCLA**

Project Title \_\_\_\_\_ Date approved \_\_\_\_\_

Description and accomplishments:

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**I certify the above student has met the membership requirements and has completed all five Power of One units.**

Chapter Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

State Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

*All recognition applications become the property of the national association of FCCLA, which reserves the right to publish names and quotes from the recognition applications in national materials and to the public.*

